

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1944

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 16014

Registrar's No. 470

1. PLACE OF DEATH:

(a) County Nebraska
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community all life
years, months or days)

3. (a) PRINT FULL NAME EMMA BONKER

3. (b) If veteran, — name war —
3. (c) Social Security No. 20

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced
6. (b) Name of husband or wife William Bonker 6. (c) Age of husband or wife severed
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Wichita (City, town, or county) Mo (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Book Store

12. Name Andrew Bongace

13. Birthplace — (City, town, or county) Mo (State or foreign country)

14. Maiden name Frances Caton

15. Birthplace — (City, town, or county) Mo (State or foreign country)

16. (a) Informant P. McFarland

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Cypresswood Cemetery

18. (a) Signature of funeral director Harry Funeral Home

(b) Address Nevada Mo

19. (a) 4-15-44 (Date received local registrar) (b) Angel B. Bensch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vermon
(c) City or town Nevada Mo
(d) Street No. 341 N. Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1944 hour 12 minute a M.

21. I hereby certify that I attended the deceased from Mar 17, 1944
to Mar 25, 1944
that I last saw her alive on Mar 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute uremia

Due to Chl. nephritis

Due to Hypertension

Other conditions Compression fracture of second lumbar vertebra
(Include pregnancy within 3 months of death)

Major findings: fracture contributed to cause of acute uremia

Of autopsy 1860g

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mar 17, 1944

(c) Where did injury occur? Nevada, Vermon, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her book store

(Specify type of place)

While at work? Yes (e) Means of injury Fall

23. Signature EBK (M. D. or other)

Address Nevada, Mo Date signed 3-29-44

Duration

4 days

10 yrs?

10 yrs?

5 to

any personal

edge

PHYSICIAN

Underline

the cause to

which death

should be

charged statistically.

MAY 4 1944

RECEIVED

District Health Officer No. 71

District File Number

Date Filed

4-44-576

5-3-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

L B Ferry

Licensed Embalmer No.

1760

P. O. Address

Needa Mrs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.